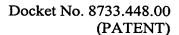
The

| AMENDMENT TRANSMITTAL LETTER                                                                     |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                    | 8733                        | Docket No.<br>8733.448.00 |  |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------|---------------------------|--|
| Application No. 09/893,559                                                                       |                                                                                                           | Filing Date<br>June 29, 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | Examine<br>Alexander S.                                            |                             | Art Ur<br>2675            |  |
| Applicant(s): Jo                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVING MET                                                                    | THOD THEREOF                                                       |                             |                           |  |
| Transmitted here                                                                                 | ewith is a Respo                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ction Requirer                                                                 | ment in the above                                                  | -identified ap <sub>l</sub> | olication.                |  |
|                                                                                                  |                                                                                                           | CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S AS AMENI                                                                     | DED                                                                |                             |                           |  |
|                                                                                                  | Claims<br>Remaining<br>After<br>Amendment                                                                 | Highest<br>Number<br>Previously<br>Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Number<br>Extra Claims<br>Present                                              | Rate                                                               |                             |                           |  |
| Total Claims                                                                                     |                                                                                                           | - =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | х                                                                  |                             |                           |  |
| Independent<br>Claims                                                                            |                                                                                                           | - =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | ×                                                                  |                             |                           |  |
| Multiple Depen                                                                                   | dent Claims (ch                                                                                           | eck if applicabl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | le)                                                                            |                                                                    |                             |                           |  |
| Other fee (pleas                                                                                 | se specify):<br>「IONAL FEE FO                                                                             | OR THIS RESI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PONSE:                                                                         |                                                                    |                             | \$0                       |  |
| X Large Entity                                                                                   | 1                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | Small Entit                                                        | ty                          |                           |  |
| L                                                                                                | al fee is require                                                                                         | d for this Resp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | onse to Rest                                                                   | riction Requireme                                                  | nt.                         |                           |  |
| X No addition                                                                                    |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                    |                             |                           |  |
| Please char                                                                                      | rge Deposit Acc                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | n the amount of \$                                                 |                             |                           |  |
| Please char<br>A duplicate                                                                       | copy of this she                                                                                          | eet is enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | n the amount of \$<br>the filing fee is en                         | ,                           |                           |  |
| Please char<br>A duplicate                                                                       | copy of this she                                                                                          | eet is enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | l.<br>to cover                                                                 |                                                                    | ,                           |                           |  |
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| Please char<br>A duplicate  A check in t  Payment by  The Director as describe  X Credit a       | copy of this she the amount of \$ y credit card. For is hereby auth d below. A dup any overpaymer         | eet is enclosed form PTO-2038 horized to chargolicate copy of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to cover to cover is attached.  ge and credit this sheet is earn processing to | the filing fee is en                                               | oclosed.<br>No. 50-0        | ,                         |  |
| Please char<br>A duplicate A check in the Director as describe X Credit at X Charge Eric J. Nuss | the amount of \$ y credit card. For is hereby author delow. A dupany overpayment any additional filities. | orm PTO-2038 norized to chargolicate copy of the copy | to cover to cover is attached.  ge and credit this sheet is earn processing to | the filing fee is en<br>Deposit Account<br>enclosed.               | oclosed.<br>No. 50-0        | and 1.17                  |  |
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Jong Sang BAEK et al. Customer No. 30827

Application No. 09/893,559

Confirmation No. 5057

Filed: June 29, 2001

Art Unit: 2675

For: LIQUID CRYSTAL DISPLAY AND DRIVING

Examiner: Alexander S. Beck

METHOD THEREOF

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

## RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

In response to the Restriction Requirement set forth in the Office Action mailed December 14, 2005, (Paper No. 20050930), Applicants hereby provisionally elect Group I (claims 12-17) for continued examination, without prejudice or disclaimer.

The Examiner is invited to call the undersigned at (202) 496-7500 to discuss steps necessary for placing the application in condition for allowance.

If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. § 1.136, and any additional fees required under 37 C.F.R. § 1.136 for any necessary extension of time, or any other fees required to complete the filing of this response, may be charged to Deposit Account No. 50-0911. Please credit any overpayment to deposit Account No. 50-0911. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: January 17, 2006

Eric J. Nuss

Registration No. 40,106

McKENNA LONG & ALDRIDGE LLP 1900 K Street, N.W. Washington, DC 20006 (202) 496-7500 Attorneys for Applicant